

NEW CLAIM FOR BENEFITS**SOUTH DAKOTA DEPT. OF LABOR
UNEMPLOYMENT INSURANCE DIVISION**

1. SOCIAL SECURITY NUMBER	2. FIRST NAME	MIDDLE INITIAL	LAST NAME	AGE
3. Address & P.O. Box #	City	County	State	Zip Code

4. I HEREBY CERTIFY, UNDER PENALTY OF PERJURY, THAT I AM A CITIZEN OR NATIONAL OF THE UNITED STATES. () YES () NO IF "NO," COMPLETE THE FOLLOWING:
I HEREBY CERTIFY UNDER PENALTY OF PERJURY, THAT I AM IN A SATISFACTORY IMMIGRATION STATUS. () YES () NO

"A 'YES' ANSWER TO QUESTIONS 5 THROUGH 11 MUST BE EXPLAINED."

5. ARE YOU LIVING ON A FARM OR RANGING FARM? () YES () NO

6. ARE YOU SELF-EMPLOYED? () YES () NO

7. ARE YOU REGISTERED FOR, ATTENDING, OR DO YOU HAVE PLANS TO ATTEND ANY SCHOOL, COLLEGE, OR UNIVERSITY? () YES () NO IF YES, WHERE IS SCHOOL LOCATED AND NAME OF SCHOOL?

8. HAVE YOU APPLIED FOR OR ARE YOU RECEIVING COMPENSATION FOR RETIREMENT OR DISABILITY FROM ANY SOURCE? () YES () NO

9. IN THE PAST 12 MONTHS HAVE YOU WORKED AS A CIVILIAN EMPLOYEE OF THE FEDERAL GOVERNMENT OR HAD ACTIVE MILITARY SERVICE? () YES () NO

10. ARE YOU RECEIVING EARNINGS FOR SERVICES PERFORMED AS AN ELECTED OR APPOINTED OFFICIAL OR AS A MEMBER OF A BOARD? () YES () NO

11. DID YOU RECEIVE OR WILL YOU RECEIVE WAGE IN LIEU OF NOTICE OF TERMINATION, SICK OR VACATION PAY AFTER YOUR LAST DAY OF WORK? () YES () NO

12. ARE YOU HANDICAPPED? () YES () NO YOUR SELF-IDENTIFICATION OF HANDICAP STATUS WILL BE USED FOR STATISTICAL PURPOSES ONLY AND IS CONFIDENTIAL. THE INFORMATION IS BEING REQUESTED ON A VOLUNTARY BASIS AND YOUR REFUSAL TO PROVIDE THE INFORMATION WILL NOT AFFECT YOUR RIGHTS TO UNEMPLOYMENT INSURANCE BENEFITS.

LIST ALL YOUR JOBS WITHIN LAST 18 MONTHS INCLUDING SELF-EMPLOYMENT, GOVERNMENT, AND MILITARY SERVICE, REGARDLESS OF STATE, TYPE OF WORK, LENGTH OF JOB.

13.	DATES WORKED						REASON FOR SEPARATION			REMARKS
	FROM			THROUGH			LAID OFF FOR LACK OF WORK	QUIT	FIRED	
LAST EMPLOYER (Payroll Address and Phone Number)	MO.	DAY	YR.	MO.	DAY	YR.				
Address where you worked										HOURLY RATE OF PAY
NEXT EMPLOYER (Payroll Address)										
Address where you worked										
NEXT EMPLOYER (Payroll Address)										
Address where you worked										

BEING ADVISED THAT THE LAW PROVIDES PENALTIES FOR MISREPRESENTATION KNOWINGLY MADE TO OBTAIN OR INCREASE BENEFITS, I HEREBY CERTIFY THAT THE ABOVE STATEMENTS ARE CORRECT.

14. DATED _____ 15. **SAMPLE FORM** SIGNATURE OF CLAIMANT 16. TELEPHONE NUMBER _____

CLAIM TAKEN BY _____

CLAIMSTAKER --- Please complete all information in blocked area.

Claimants --- Do not write in this space.

COUNTY Code		
<input type="checkbox"/> TOTAL <input type="checkbox"/> PARTIAL	<input type="checkbox"/> UI <input type="checkbox"/> UX <input type="checkbox"/> UF <input type="checkbox"/> CC	
OCC CODE	Birth Mo. Day Yr.	
Local Sex Race/Ethnic		
Effective Date Mo. Day Yr.	Local Office	Trans

605.626.3179